

Fill in this information to identify the case:

Debtor name CloudMine, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIACase number (if known) 18-17341 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address 1 Password Suite 303 49 Spadina Avenue Toronto, Canada, M5V 2J1 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$44.91
	<i>As of the petition filing date, the claim is: Check all that apply.</i>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<i>Basis for the claim: <u>Vendor</u></i>
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address A-lign 400 N Ashley Drive Suite 1325 Tampa, FL 33602 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$11,193.58
	<i>As of the petition filing date, the claim is: Check all that apply.</i>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<i>Basis for the claim: <u>Vendor</u></i>
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address ADT Security 1 Town Center Road Boca Raton, FL 33486 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$60.10
	<i>As of the petition filing date, the claim is: Check all that apply.</i>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<i>Basis for the claim: <u>Vendor/utility</u></i>
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address Albany Medical (Somni Health, Inc.) 43 New Scotland Avenue (MC) Albany, NY 12208 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$0.00
	<i>As of the petition filing date, the claim is: Check all that apply.</i>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<i>Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u></i>
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.5	Nonpriority creditor's name and mailing address Albert Wray 4 Hempstead Road Newtown Square, PA 19073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address Alpine Security, LLC 7 Eagle Center Suite B-5 O Fallon, IL 62269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address Amazon Web Services, Inc. 410 Terry Ave North Seattle, WA 98109-5210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,327.34
3.8	Nonpriority creditor's name and mailing address American Express 1600 John F Kennedy Blvd H Philadelphia, PA 19103-2852 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,373.35
3.9	Nonpriority creditor's name and mailing address American Heart Association, Inc. 7272 Greenville Avenue Dallas, TX 75231 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address Amgen U.S.A., Inc. P.O. Box 667 Newbury Park, CA 91319-0667 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address App Minis 156 2nd Street Suite 211 San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.12	Nonpriority creditor's name and mailing address Appcetera IMD Health Group, LLC 119 W. Gregory Blvd. Kansas City, MO 64114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: FOR NOTICE PURPOSES ONLY	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address Arthur Spector 717 Earp Street Philadelphia, PA 19147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address Ashley Hannan 1205 Wyngate Road Wynnewood, PA 19096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address Atlassian Sydney 341 George St Sydney NSW 2000 Australia	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$406.90
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address AXA Advisors 40 Monumemtn Road # 205 Bala Cynwyd, PA 19004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: FOR NOTICE PURPOSES ONLY	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address Baer Crossey McDermus, LLC 1500 Walnut Street Suite 501 Philadelphia, PA 19102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: <u>Legal Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address Bailey Chestnut Partners, LP c/o Thylan Assoc., Inc. 805 3rd Avenue 10th Floor New York, NY 10022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,029.79
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.19	Nonpriority creditor's name and mailing address Barnes and Noble College 129 Mountain View Blvd. Basking Ridge, NJ 07920	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: FOR NOTICE PURPOSES ONLY	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address Benjamin Cohen 49 Dover Street Apt. 24 Somerville, MA 02144	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address Brendan McCorkle 310 Cornell Avenue Swarthmore, PA 19081	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,206.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Investor - Convertible Note	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address Brett Taylor 2323 Race Street Unit 504 Philadelphia, PA 19103	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address CAMBRIDGE INNOVATION One Broadway 14th Floor Cambridge, MA 02142	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: FOR NOTICE PURPOSES ONLY	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address Cemah Tudae-Torboh 579 Fountain Street Philadelphia, PA 19128	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address Center for Discovery 4281 Katella Avenue Suite 111 Los Alamitos, CA 90720	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: FOR NOTICE PURPOSES ONLY	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.26	Nonpriority creditor's name and mailing address Children's Hospital of Philadelphia 3401 Civic Center Blvd. Philadelphia, PA 19104	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: FOR NOTICE PURPOSES ONLY	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address Chubb P.O. Box 382001 Pittsburgh, PA 15250-8001	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Insurance carrier	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address CIRCLECI 201 Spear Street # 1200 San Francisco, CA 94105	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Vendor	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address Clenz Philly 1215 Crease St Philadelphia, PA 19125	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$950.40
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Vendor	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address Cleveland Clinic PO Box 931820 Cleveland, OH 44193	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,500.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Vendor	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address Comcast 1701 JFK Blvd. Philadelphia, PA 19103	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$308.18
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Utility	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address Corey Crawford 1013 Jackson Street Philadelphia, PA 19148	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: 	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.33	Nonpriority creditor's name and mailing address CT Corporation P.O. Box 4349 Carol Stream, IL 60197-4349	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address Datadog, Inc. 620 8th Ave, 45th Floor New York, NY 10018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,860.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address DeSimone Group Investments, LLC 6 Esterbrook Lane Cherry Hill, NJ 08003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$295,374.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Investor - Convertible Note</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address Digicert, Inc. 2801 N. Thanksgiving Way # 500 Lehi, UT 84043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.37	Nonpriority creditor's name and mailing address Discover.Org LLC Unit 94 PO Box 4500 Portland, OR 97208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,970.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address DocOpC 70411 LA-21 Covington, LA 70433	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address Dropbox 333 Brannan Street San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.40	Nonpriority creditor's name and mailing address Duo Security 489 S. El Camino Real San Mateo, CA 94401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$120.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41	Nonpriority creditor's name and mailing address Eastern National 470 Maryland Drive Suite 1 Fort Washington, PA 19034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42	Nonpriority creditor's name and mailing address Eisner Amper, LLP 750 Third Avenue New York, NY 10017-2703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.43	Nonpriority creditor's name and mailing address Elasticsearch, Inc. PO Box 398523 San Francisco, CA 94139-8523	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,983.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	Nonpriority creditor's name and mailing address Envoy 410 Townsend Street Suite 410 San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$119.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.45	Nonpriority creditor's name and mailing address Excellis Interactive 1325 Morris Drive Suite 120 Wayne, PA 19087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.46	Nonpriority creditor's name and mailing address Expensify 548 Market street Suite 61434 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$47.25
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.47	Nonpriority creditor's name and mailing address Foxpass 1540 Market Street Anchor Suite 100 San Francisco, CA 94102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	Nonpriority creditor's name and mailing address Gartner 12651 Gateway Blvd Fort Myers, FL 33913	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$35,154.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.49	Nonpriority creditor's name and mailing address GitHub 88 Colin P Kelly, Jr. Street San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$142.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50	Nonpriority creditor's name and mailing address Google 1600 Amphitheatre Parkway Mountain View, CA 94043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$105.55
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	Nonpriority creditor's name and mailing address Grasshopper Group 197 1st Avenue Suite # 200 Needham Heights, MA 02494	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$189.01
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52	Nonpriority creditor's name and mailing address Gusto 525 20th street San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$105.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Vendor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	Nonpriority creditor's name and mailing address Hansel Akers, III 450 N. 18th Street Apt. 1141 Philadelphia, PA 19130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.54	Nonpriority creditor's name and mailing address HIMSS 6923 Eagle Way Chicago, IL 60678	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,875.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address Hitrust Alliance 6175 Main Street Suite 420 Frisco, TX 75034	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address Hotovo Sturova 44 04001 Kosice SLOVAKIA Kosice	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18,753.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.57	Nonpriority creditor's name and mailing address HubSpot 25 First Street, 2nd Floor Cambridge, MA 02141	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,726.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address Human Interest (FKA Captain401) 300 Montgomery Street Suite 350 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address Hummingbird Networks 980 Enchanted Way # 204 Simi Valley, CA 93065	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address Instapage, Inc. 118 King Street Suite 450 San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$79.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.61	Nonpriority creditor's name and mailing address INTERCOM, Inc. 55 2nd Street 4th Floor San Francisco, CA 94105	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70.60
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address Intuit 2700 Coast Avenue Mountain View, CA 94043	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$89.75
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address Iron IO CH 288 7th Street San Francisco, CA 94103	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$749.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	Nonpriority creditor's name and mailing address James Nichols 60 Shorefront Park Norwalk, CT 06854	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,000.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Investor - Convertible Note</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65	Nonpriority creditor's name and mailing address JAMF Software NW 6335, PO Box 1450 Minneapolis, MN 55485	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,349.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address Jeffrey Gardosh 111 E. MADison Avenue Collingswood, NJ 08108	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.67	Nonpriority creditor's name and mailing address JetBrains 989 E. Hillside Blvd. # 200 San Mateo, CA 94404	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.18
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.68	Nonpriority creditor's name and mailing address JFrog 270 E. Caribbean Drive Sunnyvale, CA 94089	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14.17
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	Nonpriority creditor's name and mailing address Lawrence J. Hollander Revocable Living Trust Dated 11-19-2007 23220 Sanabria Loop Bonita Springs, FL 34135	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,000.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Investor - Convertible Note</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address Linked In 62228 Collections Center Drive Chicago, IL 60693-0622	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$794.89
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address LogMein 320 Summer Street Boston, MA 02210	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$172.29
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address MEDAP, LLC 269 S. 9th Street Philadelphia, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address Mentortech Ventures III LP 3401 Grays Ferry Avenue Philadelphia, PA 19146	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$316,492.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Investor - Convertible Note</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address Microsoft One Microsoft Way Redmond, WA 98052	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$89.64
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.75	Nonpriority creditor's name and mailing address MongoDB, Inc. 4365, PO Box 894365 Los Angeles, CA 90189-4365	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address Morgan, Lewis & Bockius LLP 1701 Market Street Philadelphia, PA 19103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Legal Services</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.77	Nonpriority creditor's name and mailing address Okta 301 Brannan street San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$243.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	Nonpriority creditor's name and mailing address PACT 200 S. Broad Street Suite # 700 Philadelphia, PA 19102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79	Nonpriority creditor's name and mailing address Pagerduty, Inc. 600 Townsend Street # 200 San Francisco, CA 94103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$103.68
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	Nonpriority creditor's name and mailing address PECO 2610 S Delaware Ave Philadelphia, PA 19148-4208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$294.05
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Utility</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.81	Nonpriority creditor's name and mailing address Philadelphia Insurance Companies P.O. Box 70251 Philadelphia, PA 19176-0251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.82	Nonpriority creditor's name and mailing address Postdot Technologies, Inc. 595 Market street San Francisco, CA 94105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address PR Newswire Assoc. 600 Harrison Street San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address Q Compile, Inc. 665 Mountainview Road Berwyn, PA 19312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	Nonpriority creditor's name and mailing address Rachel Cosgrove 241 Dickinson Street Philadelphia, PA 19147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	Nonpriority creditor's name and mailing address Redox, Inc. 2020 Eastwood Drive Madison, WI 53704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87	Nonpriority creditor's name and mailing address Redox, Inc. 2020 Eastwood Drive Madison, WI 53704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,640.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88	Nonpriority creditor's name and mailing address Robinhood Ventures 1755 N. 13th Street Box # 183 Philadelphia, PA 19122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$81,319.40
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Investor - Convertible Note</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.89	Nonpriority creditor's name and mailing address RUNSCOPE.COM #14137 Market Street San Francisco, CA 94104-5401	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$199.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address SaaSOptics, LLC 5185 Peachtree Parkway Suite 280 Norcross, GA 30092	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address Safeguard Fund Management, Inc. 170 N. Radnor-Chester Road Suite 200 Wayne, PA 19087	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$122,000.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address Safeguard Scientific, Inc. 170 N. Radnor-Chester Road Suite 200 Wayne, PA 19087	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,438,681.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Investor - Convertible Note</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.93	Nonpriority creditor's name and mailing address Salesforce Com Sales 1 Market Street # 300 San Francisco, CA 94105	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.94	Nonpriority creditor's name and mailing address SENDGRID 1801 California Street 5th Floor Denver, CO 80202	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$49.95
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Vendor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.95	Nonpriority creditor's name and mailing address Set Point Medical 25101 Rye Canyon Loop Valencia, CA 91355	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.96	Nonpriority creditor's name and mailing address SIIA 1090 Vermont Avenue NW 6th Floor Washington, DC 20005-4905 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.97	Nonpriority creditor's name and mailing address Slack Technologies 500 Howard Street San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.00
3.98	Nonpriority creditor's name and mailing address Small Improvements - Data Solutions Thurmann GbR Isarstr. 13 14974 Ludwigsfelde Germany Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.99	Nonpriority creditor's name and mailing address Solarwinds 7171 Southwest Parkway Bldg. 400 Austin, TX 78735 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.95
3.100	Nonpriority creditor's name and mailing address SUFU 1100 E. Woodfield Road Suite 350 Schaumburg, IL 60173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101	Nonpriority creditor's name and mailing address Sympact-X, Inc. Div. of Clinical Epidemiology, V Bld. Royal Victoria Hosp. 687 Pine Ave W Montreal, Canada H3A1A1 30000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102	Nonpriority creditor's name and mailing address Syncd Care 200 Locust Street Suite 301 Harrisburg, PA 17101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.103	Nonpriority creditor's name and mailing address Thomas Jefferson University Hospital Information Services & Technology 833 Chestnut Street Philadelphia, PA 19107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104	Nonpriority creditor's name and mailing address Total Tech 10601-G Tierra Santa Blvd. # 225 San Diego, CA 92124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	Nonpriority creditor's name and mailing address Traction Labs 225 Bush Street # 370 San Francisco, CA 94104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.106	Nonpriority creditor's name and mailing address Trales 205 Marne Ave Haddonfield, NJ 08033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	Nonpriority creditor's name and mailing address UBERCONFERENCE 100 California Street Suite 500 San Francisco, CA 94111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.85
3.108	Nonpriority creditor's name and mailing address Validic 300 W Morgan Street Suite 1200 Durham, NC 27701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,900.00
3.109	Nonpriority creditor's name and mailing address Verizon Wireless 140 W. street New York, NY 10007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.92

Debtor CloudMine, Inc.
Name

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3.110	Nonpriority creditor's name and mailing address William Raymond 1118 Carpenter Street Floor 1 Philadelphia, PA 19147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.111	Nonpriority creditor's name and mailing address WP ENGINE 504 Lavaca Street # 1000 Austin, TX 78701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$600.00
	Date(s) debt was incurred _____	Basis for the claim: Vendor	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.112	Nonpriority creditor's name and mailing address Yesware 75 Kneeland Street Boston, MA 02111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: FOR NOTICE PURPOSES ONLY	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113	Nonpriority creditor's name and mailing address Zapier, Inc. 548 Market Street # 62411 San Francisco, CA 94104-5401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15.00
	Date(s) debt was incurred _____	Basis for the claim: Vendor	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address Zenefits 250 Brannan Street San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30.00
	Date(s) debt was incurred _____	Basis for the claim: Vendor	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	HIMSS 3310 W. Monroe Street Suite 1700 Chicago, IL 60603	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	-

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	<u>0.00</u>
5b. Total claims from Part 2	<u>4,582,675.68</u>

Debtor

CloudMine, Inc.

Name

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5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.

\$ 4,582,675.68